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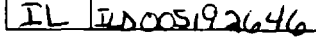
 POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT				I. IDENTIFICATION 01 STATE IL 02 SITE NUMBER ILD005192646	
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site) A-1 MULTIPATE SERVICE, INC.			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 411 N. MILWAUKEE AVE.		
03 CITY CHICAGO		04 STATE IL	05 ZIP CODE 60610	06 COUNTY COOK	07 COUNTY CODE 031
08 COORDINATES LATITUDE 41 53 00.0 LONGITUDE 087 37 00.0		09 CONG DIST CHICAGO LOOP QUADRANGLE			
10 DIRECTIONS TO SITE (Starting from nearest public road) SEE MAP.					
III. RESPONSIBLE PARTIES					
01 OWNER (if known) ARTHUR SCHULZE			02 STREET (Business, mailing, residential) 411 N. MILWAUKEE		
03 CITY CHICAGO		04 STATE IL	05 ZIP CODE 60610	06 TELEPHONE NUMBER (312) 738-1833	
07 OPERATOR (if known and different from owner)			08 STREET (Business, mailing, residential)		
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER	
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input checked="" type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (RCRA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE _____ MONTH DAY YEAR <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR 1962 ENDING YEAR _____ UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED PLATING WASTE THAT CONTAIN COPPER, NICKEL & CHROME. DOES NOT CONTAIN CYANIDE.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION UNKNOWN					
<div style="text-align: right;"> RECEIVED MAR 09 1984 E.P.A. - D.L.P.C. STATE OF ILLINOIS </div>					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT GARY SCHULZE		02 OF (Agency/Organization) A-1 MULTIPATE		03 TELEPHONE NUMBER (312) 738-1833	
04 PERSON RESPONSIBLE FOR ASSESSMENT MARLA LAYMON		05 AGENCY IEPA	06 ORGANIZATION LAND	07 TELEPHONE NUMBER (217) 782-6762	08 DATE 02 12 84 MONTH DAY YEAR

EPA FORM 2070-12 (7-81)

EPA Region 5 Records Ctr.



283223



MAR 01 1990

ENVIRONMENTAL PROTECTION AGENCY
STATE OF ILLINOIS

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IL ILD005792646

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ B SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ C CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ D FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ E DIRECT CONTACT 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ F CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED _____ (Acres) 04 NARRATIVE DESCRIPTION

01 ☐ G DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ H WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ I POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IL ILD005192646

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ K. DAMAGE TO FAUNA 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION (Include name(s) of species)

01 ☐ L. CONTAMINATION OF FOOD CHAIN 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
(Spills, runoff, standing liquids, leaking drums)
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Executive Summary -

A-1 Multiplate Service, Incorporated generates cleaning wastes that is hazardous due to cadmium, chrome and mercury. Per Gary Schulze of A-1, their plating waste, which does not contain cyanide, is treated at CID Corporation in Calumet City. To his knowledge, there has been no spills on the site.

An inspection of the Air, Land, and Water Pollution Division Files revealed no information. The recommendation is to inquire into why this site was recorded on the ERRIS List.

ML:bjh/0578D/55

